

**Alabama Medicaid Agency  
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday, August 23, 2006  
Preferred Drug List Final**

Date Posted: 9/6/06

**AHFS Drug Class Re-reviewed: ESTROGENS**

**Subclass Reviewed**

Estrogens - Single Entity  
Estrogens - Combination

**AHFS Drug Class Re-reviewed: ANTIDIABETIC AGENTS**

**Subclasses Reviewed**

Alpha-Glucosidase Inhibitors  
Biguanides  
Insulins  
Meglitinides  
Sulfonylureas - Single Entity  
Sulfonylureas - Combination  
Thiazolidinediones - Single Entity  
Thiazolidinediones - Combination  
Antidiabetic Agents, Miscellaneous

**AHFS New Drug Review: MISCELLANEOUS ANXIOLYTICS, SEDATIVES, AND  
HYPNOTICS**

**ROZEREM®**

## Estrogens - Single Entity

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
<b>Estrogens - Single Entity</b>	All covered products	CENESTIN MENEST PREMARIN TABLETS	ALORA CLIMARA*  DELESTROGEN* DEPO-ESTRADIOL ENJUVIA** ESCLIM ESTRACE* ESTRADERM ESTRASORB ESTRING ESTROGEL FEMRING FEMTRACE GYNODIOL* MENOSTAR OGEN* ORTHO-EST* PREMARIN CREAM VAGIFEM VIVELLE VIVELLE-DOT

\* Denotes generic  
available in at least one  
dosage form or strength

\*\* May be reviewed at a  
future time when eligible

Drug name denotes all  
dosage forms and  
strengths unless noted

## Estrogens – Combination

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
<b>Estrogens - Combination</b>	All covered products	NONE	ACTIVELLA CLIMARA PRO COMBIPATCH FEMHRT PREFEST PREMPHASE PREMPRO

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## Alpha-Glucosidase Inhibitors

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Alpha-Glucosidase Inhibitors	All covered products	GLYSET	PRECOSE

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## Biguanides

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Biguanides	All covered products	NONE	FORTAMET GLUCOPHAGE* GLUCOPHAGE XR* RIOMET

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dosage form or strength

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strengths unless noted

## Insulins

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON- PREFERRED BRAND</u>
Insulins	All covered products	HUMALOG	APIDRA** EXUBERA** HUMALOG MIX 50/50 HUMALOG MIX 75/25 LANTUS LEVEMIR** NOVOLOG NOVOLOG MIX 70/30

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strength

\*\*May be reviewed at  
a future time when  
eligible

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noted

## Meglitinides

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
<b>Meglitinides</b>	All covered products	STARLIX	PRANDIN

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strengths unless noted

## Sulfonylureas - Single Entity

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
<b>Sulfonylureas - Single Entity</b>	All covered products	NONE	AMARYL* DIABETA* DIABINESE* GLUCOTROL* GLUCOTROL XL* GLYCRON* GLYNASE* MICRONASE*

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strengths unless noted



## Sulfonylureas - Combination

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
<b>Sulfonylureas - Combination</b>	All covered products	NONE	GLUCOVANCE* METAGLIP*

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strengths unless noted

## Thiazolidinediones - Single Entity

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Thiazolidinediones - Single Entity	All covered products	ACTOS AVANDIA	NONE

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strengths unless noted

## Thiazolidinediones - Combination

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Thiazolidinediones - Combination	All covered products	ACTOPLUS MET AVANDAMET AVANDARYL	NONE

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strengths unless noted

## Antidiabetic Agents, Miscellaneous

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
<b>Antidiabetic Agents, Miscellaneous</b>	All covered products	NONE	BYETTA SYMLIN

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## Miscellaneous Anxiolytics, Sedatives, and Hypnotics

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
<b>Miscellaneous Anxiolytics, Sedatives, and Hypnotics</b>	All covered products	ROZEREM	SEE CURRENT PDL LISTING
<b>Rozerem</b>			

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strengths unless noted